SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	06/08/2018 11:09
Date Of Accident	04/08/2018 14:45
Exact Location Of Accident	UPPER CHANGI LINK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	WC5765E
Insured/Policyholder	
Name Of Registered Owner	TS TRANSPORT & CONSTRUCTION PTE LTD
Co Reg No	201300115R
Email Address	SHARONPHANGSP@YAHOO.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-97260876
Vehicle Particulars	
Manufacturer	ISUZU
Model	CYH52S
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1541681702
Cover Note Number	
Driver	
Name of Driver	CHIDAMBARAM RAMESH
December 1 May / EIN	00004000N

Passport No/FIN G8391602N
Date Of Birth 08/06/1988
Occupation OUTDOOR
Date Of Driving Pass 30/12/2010

Driving Experience 7 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90571440

Fax Number

Contact Number

EMail Address NOEMAIL

Address 17 SUNGEI KADUT STREET 3 SUNGEI KADUT INDUSTRIAL ESTATE

Postcode 729148

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - C0-COMPANY WORKER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 2
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance? NO
Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I TRAVELLED ALONG UPPER CHANGI ROAD EAST TOWARDS KOH SEK LIM ROAD. ROAD IN FRONT WAS BLOCKED, HENCE ALL VEHICLES TURNED RIGHT TO UPPER CHANGI LINK TO MOVE ON. TRAFFIC WAS CONGESTED, FRONT TAXI, SHD4850X MOVED AND STOPPED, I CANNOT STOPPED IN TIME HIT ONTO ITS REAR PORTION.

NO

1

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD4850X Vehicle Make/Model/Colour HYUNDAI

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 3

Passenger 1 NAME: :

GENDER: :

Passenger 2 NAME: :

GENDER: :

Accident Sketch Plan

SKETCH PLAN

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- 7. By the ladgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

pilcyholder's Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time: 6 / 8/18

Reporting Centre Personnel's Signature

100

Name: Cassandra NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN		
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	A B	B: SHD4850X
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	East	
ESCRIBE CIRCUMSTA	NCES OF THE ACCIDENT	
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Traffic was con	ngested, front taxi, SHO4850X moved	and stopped. I cannot
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ECLARATION		6*
de declare the foregoing	particulars are true in every respect.	E C
18 V 36		6
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ste & Time:	Driver's Signature	Reporting Centre Personnel's Signature Name: (CASSAND)
are at time C	(If driver is not the policyholder) Date & Time:	NRIC/FIN No.:

Authorisation Letter

TS TRANSPORT & CONSTRUCTION PTE LTD

17 Sungei Kadut Street 3, Sungei Kadut Industrial Estate (3) 729148.
Tel: 9726 0876 / 9105 5574 Fax: 6269 1306 / 66598698
REG. NO. 201300115R

Date: 06th August 2018

TSL/2018/181

To : Jin Auto Services Pte Ltd Add : Blk 14 #01-412 Defu Lane10

Singapore 539195

Tel: 6289 8126 Fax: 6287 0590

Email: jin@jinauto.com.sg

Attn : W.J.Soh (Jin)

Dear Sir/Madam.

RE: LETTER OF AUTHORIZATION 938 - WC5765E.

We would like to certify that Mr Chidambaram Ramesh (FIN: G8391602N) from CSD CONSTRUCTION PTE. LTD. is working as Driver, in TS Transport & Construction Pte. He has joined our company since June 2017.

Please feel free to contact us should you require further clarifications. Thank you.

Yours truly,

TS Transport & Construction Pte Ltd

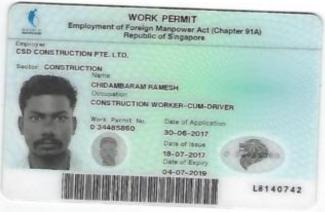
Mr. Toh Teng Yam

Director

e-mail: tohtengyam@yahoo.com.sg

Identification Card



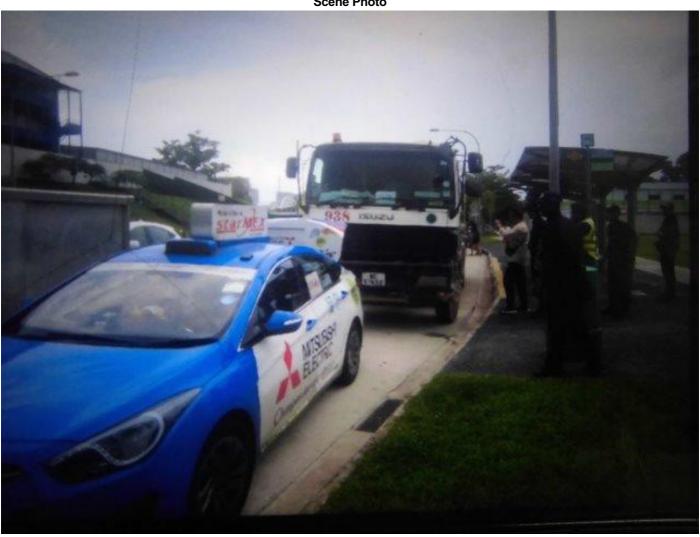


Driving Licence





Scene Photo

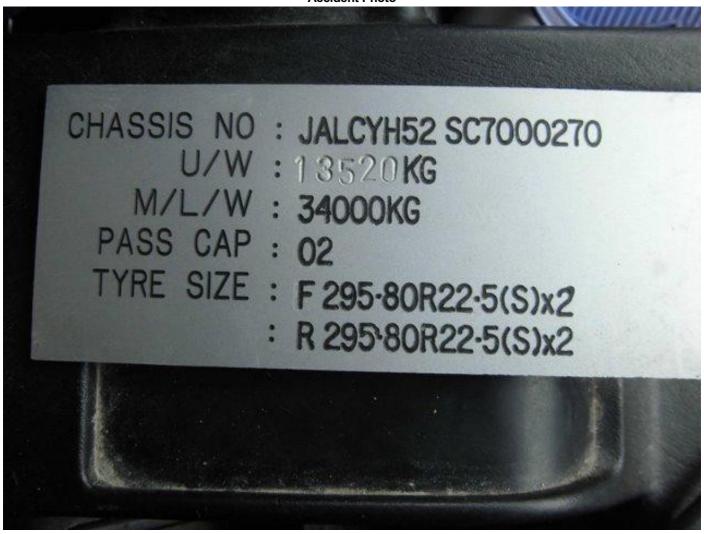


Scene Photo





Accident Photo

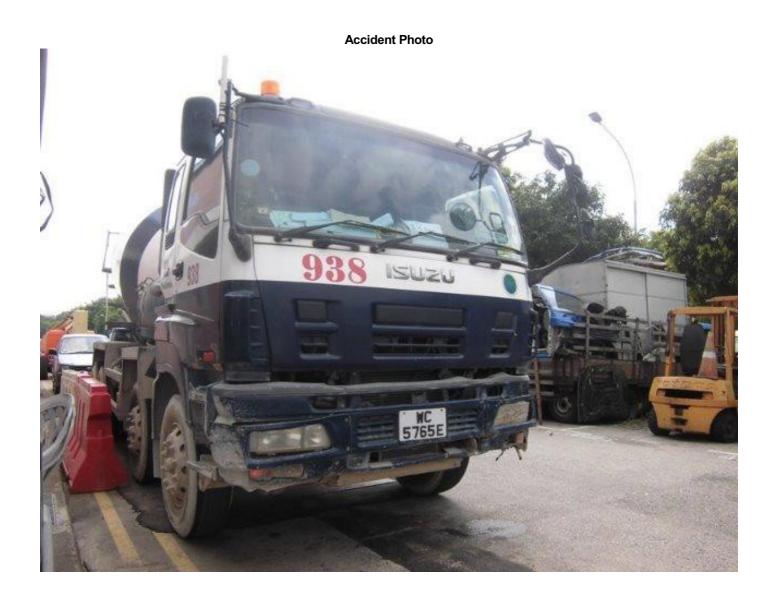






Accident Photo











Accident Photo

